

Statewide Supplemental Benefit Program Frequently Asked Questions Listed by Vendor

Liberty Mutual (Auto/Home Insurance) - Frequently Asked Questions

Q. Who is eligible to enroll?

A. Any active State of Delaware employee or pensioner, their spouse and any resident children.

State of Delaware Employee: You are eligible if you are:

- a) A permanent full-time employee (regularly scheduled 30 or more hours per week or 130 or more hours per month)
- b) An elected or appointed official (as defined by St of DE).
- c) A permanent part-time employee (regularly scheduled to work less than 130 hours per month)
- d) A limited term employee (as defined by St of DE)

Pensioner/Retiree: You are eligible if you are a pensioner receiving a pension check from the State.

Q. How to enroll?

A. Enrollment is continuous. Active employees/pensioners can enroll over the phone at 1-800 730-6901 or in person at any Liberty Mutual office location.

Q. What happens if my employment is terminated?

A. If your employment is terminated with the State of Delaware, Liberty Mutual will put you on a direct bill payment option and you will receive the discount until your renewal date. At your renewal date you will lose the discount but have the option to continue your coverage through Liberty Mutual.

Q. What happens if I retire?

A. When you retire you will still be eligible for this benefit. Please contact Liberty Mutual when you retire so they may assist you in selecting the payment option that best suits your needs.

Q. Is this a binding election?

A. You can cancel your policy (ices) at any time by calling (800) 730-6901 to obtain information on how to terminate your coverage.

Q. Who should I call with questions, problems?

A. You may call (800) 730-6901; contact one of our local offices by calling (800) 835-0894; or visit one of our local offices and speak to a licensed agent.

Q. Can you tell me about this program?

A. *Group Savings Plus* is a voluntary auto, home and personal property insurance program now available to you as an employee or pensioner of the State of Delaware. The program is offered by Liberty Mutual and features benefits and conveniences that are not available to individual policyholders, including a special group discount.

Q. *What coverage choices are available through this program?*

- A. The group discount is on the auto and home (including tenant and condominium) policy. However, all lines of personal insurance are available including:
Automobile, Umbrella, Homeowners, Boat, Renters, Motor home, Condominium

Q. *How do I get a quote or more information on the program?*

- A. Liberty Mutual offers a variety of options. To learn more about the program or get a quote. Call 1-800-730-6901 and speak with a licensed Liberty Mutual insurance professional or call 1-800-835-0894 to be connected to your local Liberty Mutual office or visit www.libertymutual.com/lm/delaware

Q. *Do I have to wait for my current policies to expire in order to join the State of Delaware program?*

- A. No. You can cancel your current policy at any time. You may need to check with your current insurance company to see if there are penalties for canceling insurance mid-term and compare that cost against the State of Delaware program rates.

Q. *If I already have Liberty Mutual auto or home coverage, can I get the State of Delaware discount?*

- A. Yes. Call 1-800-730-6901 and tell the Liberty Mutual licensed insurance professional that you are a current Liberty Mutual policyholder and that you would like to take advantage of the State of Delaware group discount (please mention client #110361 when you contact Liberty Mutual). The licensed insurance professional will discuss with you how to convert your policy. You may also call the Liberty Mutual office that services your policy (ies) and they can convert your policy as well.

Q. *Can I cancel my policy at any time?*

- A. Yes. You can cancel your policy (ies) at any time by calling 1-800-730-6901 to obtain information on how to terminate your coverage. Please make sure that you have adequate coverage to replace your existing policy (ies).

Q. *What are my premium payment options?*

- A. State of Delaware employees can pay their premium through bi-weekly automatic payroll deductions, by Electronic Funds Transfer (EFT) from your checking account, or direct billing at home. You can get further information on your payment options from the Liberty Mutual licensed insurance professional. State of Delaware pensioners can pay their premium monthly through automatic payroll deduction from their monthly pension check, EFT or direct billing at home.

Q. *If I am no longer employed by the State of Delaware, what happens to my coverage?*

- A. If you terminate your employment with the State of Delaware, you can continue your coverage on a direct-bill basis. Liberty Mutual will automatically mail you a bill for payment. You may keep the group discount until your policy renews.

Q. *What is the discount?*

- A. Discounts and credits are available where state laws and regulations allow and may vary by state. Please call Liberty Mutual at 1-800-730-6901 to find out what discount is offered in your state.

Q. *How do I report a claim?*

A. Call 1-800-225-2467 (24-hour claims service) TTY users may call 1-800-243-9801

VSP (Vision Insurance) - Frequently Asked Questions

Q. *Who is eligible to enroll?*

A. Active State of Delaware employees, pensioners, and COBRA participants.

State of Delaware Employee: You are eligible if you are:

- a) A permanent full-time employee (regularly scheduled 30 or more hours per week or 130 or more hours per month)
- b) An elected or appointed official (as defined by St of DE).
- c) A permanent part-time employee (regularly scheduled to work less than 130 hours per month)
- d) A limited term employee (as defined by St of DE)

Pensioner/Retiree: You are eligible if you are a pensioner or surviving spouse receiving a pension check from the State.

Q. *How to enroll?*

A. New Hires/Newly Eligibles - 90-day eligibility period from date of hire or newly eligible. Enrollment would be effective first of the month after your application is processed. Simply complete the online enrollment form at www.vsp.com/go/stateofdelaware, or call VSP Member Services at 800.400.4569 Monday through Friday 5 a.m. to 7 p.m., Pacific Time. You will receive confirmation of your benefit enrollment from VSP.

After the initial enrollment period, if you want to enroll in the vision plan you will have to wait until the next annual benefits open enrollment period.

Q. *I am currently enrolled; do I need to re-enroll again each year?*

A. **Yes for Open Enrollment 2009 only - re-enrollment in the vision plan will be required.**

Due to VSP taking over the enrollment and billing functions from Admin America effective March 1, 2009 VSP is requiring re-enrollment from all participants to ensure they have the correct enrollment information. Please be sure to re-enroll otherwise your coverage will terminate automatically July 1, 2009.

Q. *What are my premium payment options?*

A. State of Delaware employees pay their premium through bi-weekly automatic payroll deductions. State of Delaware pensioners and surviving spouses pay their premium monthly through automatic payroll deduction from their monthly pension check. Cobra enrollees will receive bills directly from Ceridian.

Q. *What happens if my employment is terminated?*

A. If your employment is terminated with the State of Delaware, your coverage will end effective on your employment termination date. You may elect to re-enroll for vision under Cobra. VSP does offer Individual plans. Visit VSP.com for more information on benefits, rates and enrollment.

Q. *What happens if I retire?*

- A. When you retire you will still be eligible for this benefit. Your coverage will terminate under your Active Employee ID number effective your retirement date but you may contact VSP within 90 days of retiring to re-enroll as a Pensioner. You will need your new Pensioner ID number to enroll and there may be a lapse in coverage between your Active and Pension benefits. Your premiums are deducted from your monthly pension check. Contact VSP at 800.400.4569 or online at www.vsp.com/go/stateofdelaware to re-enroll and ensure continuation of your coverage.

Q. *If my spouse also works (or has retired) for The State of Delaware can we enroll ourselves and our dependents under each other?*

- A. No. You may each enroll individually or you may enroll under your spouse or your spouse may enroll under you but not both. If dependent children will be covered, they must be enrolled under the parent whose birthday falls first in the calendar year.

Q. *What happens if I experience a Qualifying Event i.e. marriage, birth or adoption of a child?*

- A. The only mid-year vision elections allowed are for new hires/newly eligible. For all other changes, or to enroll, you must wait until the next open enrollment period.

Q. *What happens if I go on Military Leave – may I continue my benefits?*

- A. Eligible employees enrolled in the vision insurance plan with VSP can continue their vision benefits while on approved active military leave. Employees are to contact VSP directly to confirm coverage details and set up payment arrangements. Coverage while on leave is for a maximum of two years.

Q. *Is this a binding election?*

- A. Yes, once you sign up, you may not drop coverage during the plan year.

Q. *Who should I call with questions, problems?*

- A. If you have questions about enrolling or problems with enrolling, or for questions regarding VSP benefits, contact VSP Member Services at 800.400.4569.

Q. *What ID number do I use when calling VSP or logging onto VSP.com for the first time?*

- A. VSP will prompt you for either the last four digits of your social security number or ask if you have a Member ID – you provide either one. Your Member ID consists of your six digit State ID number plus the last four digits of your social security number. Or if you are a surviving spouse, your Member ID consists of your spouse's six digit State ID number, S01 and the last four digits of your spouse's social security number.

Q. *When will I receive my ID card from VSP?*

- A. With VSP, there are no ID cards, claim forms or hassles! Simply make an appointment with a VSP network doctor of your choice and inform them you're a VSP member. The network doctor and VSP will take care of the rest.

Q. *Do I have to call VSP to determine my eligibility?*

A. No. Once VSP has your eligibility, you are able to make an appointment with a VSP network doctor. The network doctor will then contact VSP to confirm your eligibility and obtain authorization for your services.

Q. *What are the age limits for unmarried dependent children participating in the vision plan?*

A. Unmarried dependent children are eligible to participate in the vision plan through December 31st of the year in which he or she reaches age 21. If a full-time student, coverage will end on the earlier of the following: (1) the end of the month in which the dependent child is no longer a full-time student, OR (2) the end of the month in which the dependent child attains age 24.

Q. *Do I need to utilize my benefits for materials (eyeglasses or contacts) at the same time I receive my exam?*

A. Your exam and eyewear (eyeglasses or contacts) are viewed as separate benefits and can be utilized at separate intervals.

Q. *Can I see one doctor for my exam and order my materials through another doctor?*

A. Yes. However, if you wish to order your materials from a VSP network doctor other than the one performing your eye exam; please check with the VSP network doctor's office to ensure that they will accept another doctor's prescription.

Q. *What are some of the cosmetic options I can expect to incur out-of-pocket expenses for through a VSP network doctor?*

A. Examples of cosmetic options include progressive lenses, scratch coating, anti-reflective coating, ultraviolet (UV) protection, and any frame that exceeds your plan allowance. Although these cosmetic options are not covered by VSP, they are available to members at VSP's preferred member pricing (generally 20% below doctor's U&C) through a VSP network doctor.

Q. *What if I have an emergency, such as lost, stolen or broken eyeglasses?*

A. If an emergency arises, call VSP's Member Services Department at 800.400.4569 to determine if you are currently eligible based on your past service history. If you are eligible for benefits, make an appointment with a VSP network doctor. The VSP network doctor and VSP staff will make every effort to accommodate your immediate needs.

Q. *What if I experience problems with the materials received through my VSP network doctor?*

A. Let your VSP network doctor know, or contact VSP's Member Services Department at 800.400.4569. We are eager to make it right! Our commitment is to put people first.

Q. *Are my dependents also responsible for paying plan copays?*

A. Yes, you and your covered dependents are each responsible for paying the appropriate copay(s) at the time covered services are obtained.

Q. *Am I eligible for contacts?*

- A. You may choose contacts instead of eyeglasses (lenses & frame). our plan provides an allowance of \$105 for the contact lens exam (fitting & evaluation) and contact lenses. In addition, you will save 15% on the cost of your contact lens exam from a VSP network doctor.

Q. *What is the contact lens exam?*

- A. The contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contact lenses. You will receive a 15% discount off the cost of your contact lens exam from a VSP network doctor.

Q. *What is Vision Therapy and what does the Vision Therapy benefit cover?*

- A. Vision therapy is a treatment plan used to correct or improve severe visual problems associated with sensory and/or muscular deficiencies of the eye including, but not limited to: conditions commonly referred as lazy eye, turned eye, and eye teaming. Vision therapy can also be called visual or vision training, orthoptics, eye training, or eye exercises.

Benefits must be pre-authorized by VSP and include, but are not limited to:

One annual supplemental evaluation covered in full (when received in-network). Plus VSP will pay 75% of the allowable amount for vision therapy treatment visits up to the annual maximum of \$750.00. The patient is responsible for the remaining 25% and any charges in excess of the \$750.00 annual maximum. Additional vision therapy visits not approved by VSP are handled privately between you and your doctor.

If you choose to go out-of-network, you must pay the non-VSP provider up front and submit your claims for reimbursement. There is no guarantee of reimbursement, or that the amount VSP pays will be equal to what you paid. When VSP receives the claim, it will be reviewed for post-authorization and if approved, you will be reimbursed up to the amount VSP would pay a VSP network doctor.

Q. *What benefits are available if I choose to see an out of network provider?*

- A. If you see an out of network provider, you will be reimbursed according to the State of Delaware out-of-network allowance schedule. Your reimbursement does not guarantee full payment, and VSP cannot guarantee your satisfaction when services are received from a non-VSP provider.

Q. *How do I disenroll/terminate my VSP coverage?*

- A. If you are currently enrolled and wish to disenroll, you may do so only during Open Enrollment 2009; your coverage will terminate automatically effective July 1, 2009 unless you choose to re-enroll.

John Hancock (Long-Term Care Insurance) - Frequently Asked Questions

Q. Who is eligible to enroll?

A.

- Permanent full-time and part-time employees actively working at least 15 hours per week or more and on State of Delaware's payroll.
- Spouses of eligible employees*
- Pensioners (receiving a pension check) and their spouses*
- Surviving Spouses (receiving a pension check)*
- Parents and parents-in-law of eligible employees and pensioners
- Adult Children of eligible employees, pensioners and of their spouses *
- Spouses of eligible adult children *
- Siblings of eligible employees, pensioners and their spouses*
- Spouses of eligible siblings*

All applicants must reside in the U.S. on the date of application and on the effective date of insurance.

** Spouses, children and siblings must be issue age 18 or older on their effective date of coverage.*

Q. How to enroll?

A. New Hires/Newly Eligible Employees - 90-day eligibility period from date of hire or newly eligible with guaranteed acceptance or issue (no proof of good health required). Employees can apply after the initial enrollment period but will be required to submit a paper enrollment application and provide evidence of good health when applying. Approval for coverage is subject to medical underwriting.

Q. What are my premium payment options?

A. State of Delaware employees can pay their premium through bi-weekly automatic payroll deductions. State of Delaware pensioners can pay their premium monthly through automatic payroll deduction from their monthly pension check.

Q. What happens if my employment is terminated?

A. If your employment is terminated with the State of Delaware for any reason, coverage is portable and can be continued on a direct billing basis.

Q. What happens if I retire?

A. If you retire and are currently insured, coverage is portable and can be continued on a direct billing basis or via pension deduction.

Q. Is this a binding election?

A. If you decide to cancel coverage, you may do so at any time by contacting John Hancock Customer Service Center at the dedicated toll-free number (1-800-432-9724). The effective date of the cancellation will be the last day of the month in which the insured contacts John Hancock.

Q. *Who should I call with questions, problems?*

- A. Please contact the John Hancock Customer Service Center at the dedicated toll-free number: 1-800-432-9724.

Q. *What is long-term care?*

- A. It is the kind of care you may need when you are no longer able to take care of yourself. Long-term care provides supportive services for an extended period of time in the place best suited to your needs. That's different from acute care, which is medical care provided for a short period of time to treat a certain condition or illness.

You can receive long-term care in a nursing home, in your own home, in an adult day care center, or in other types of care facilities that may be covered. Long-term care includes services such as:

- skilled, intermediate, and custodial nursing home care,
- therapy ordered by a physician and provided by a registered nurse or other qualified health care professional,
- Assistance with the activities of daily living, such as bathing, eating, or dressing, provided by formal or informal caregivers.

Q. *When might I need long-term care?*

- A. You might need long-term care at any age, for a variety of reasons. Long-term care becomes necessary when you need substantial assistance from another person in performing activities of daily living, such as bathing, eating or dressing or you require substantial supervision for the protection of yourself or others due to cognitive impairment. You may require such care because of an accident or illness. Or you may need long-term care services due to the natural but often disabling process of getting older.

Q. *What's the cost for long-term care services?*

- A. Long-term care costs for services can be very high. The national average cost of nursing home care is \$71,140 annually according to the "Survey of Average Costs of Nursing Home, Assisted Living and Home Care Across the United States" by Harris, Rothenberg International in July, 2005. The same source reports that home health care services average \$18 per hour. Therefore, thirty hours per week of home health care services could cost over \$140,000 over a five-year span.

Q. *Won't my other health care plans cover these types of expenses?*

- A. No. While health care plans cover a wide range of services, they are designed to pay for acute care expenses, not long-term care expenses. Health care plans usually stop paying for nursing home services after a short recovery period. However, your long-term care coverage will continue offering you protection for extended services should you need ongoing care.

Q. *But doesn't Medicare cover long-term care services?*

- A. No. Medicare does not cover most long-term care services. Medicare does provide limited coverage for skilled nursing care, but only if the care is provided in a Medicare-approved facility. (Such approved facilities comprise less than half of all nursing homes in the country.) Custodial care is not covered at all, and home health care benefits are limited.

Q. *Do Medicare supplement plans cover long-term care services?*

A. No. Medicare supplement plans (also called Medigap policies) are designed to pay some or all of Medicare's deductible and co-payments. These policies follow the same coverage guidelines as Medicare and generally cover only Medicare-approved services, not long-term care services.

Q. *To what extent does Medicaid cover long-term care services?*

A. Medicaid — a joint federal and state assistance program — pays for a large share of the nation's nursing home expenses. However, the purpose of Medicaid is to provide assistance to persons with very low incomes, few assets, and high medical bills. To qualify for Medicaid benefits, you must meet stringent financial conditions and "spend down" your personal assets. (Qualification requirements vary by state.)

Q. *What are Care Coordination Services?*

A. A valuable feature of the Long-Term Care Insurance Plan for State of Delaware is Care Coordination services. John Hancock Care Coordinators are registered nurses and licensed social workers, knowledgeable in the field of long-term care. They work with you and your family to find the care that is right for you and to help you use your plan benefits wisely.

As part of our Care Coordination services, your Care Coordinator will:

- assess your long-term care needs,
- recommend the appropriate type of facility or care provider for you, and
- Research long-term care resources for you and your family, if needed.

You are under no obligation to follow any recommendations your Care Coordinator may make. If care is required and you meet benefit eligibility requirements under the policy, the final decision concerning the care you receive will be made by you and your family. However to be eligible for reimbursement under the policy the provider must meet policy definitions and the services must be rendered under the plan. In some instances a local nurse or other professional (such as a physical therapist) may meet with you at your home or care facility to help evaluate your condition and care needs. Such assessments are paid for by John Hancock.

PetCare (Pet Insurance) - Frequently Asked Questions

Q. *Who is eligible to enroll?*

A. State of Delaware Employee: You are eligible if you are:

- a) A permanent full-time employee (regularly scheduled 30 or more hours per week or 130 or more hours per month)
- b) An elected or appointed official (as defined by St of DE).
- c) A permanent part-time employee (regularly scheduled to work less than 130 hours per month)
- d) A limited term employee (as defined by St of DE)

Pensioner/Retiree: You are eligible if you are a pensioner receiving a pension check from the State.

Q. *How to enroll?*

- A. Enrollment is ongoing. Employees/pensioners can enroll online at www.covernewithcare.com. Employees on a 22 pay cycle, retiring within 12 months or taking a Leave of Absence within the next 12 months - use promotional code br987-277. Active employees and pensioners receiving a check from the State of Delaware should use promotional code br987-276. Or you can enroll by calling 866-275-7387 and speaking with one of our sales associates.

Please note: Newly employed school teachers become eligible employees when they start employment, NOT when they sign their contract.

Q. *When does my pet insurance take effect?*

- A. Coverage would be effective first of the month after application is received. Some plans may have additional limitations i.e. Quick Care Gold Illness coverage will begin 30 days after the start of the Accident Coverage.

Q. *What happens if my employment is terminated?*

- A. If your employment is terminated with the State of Delaware, call PetCare at 1-866-275-7387 upon notification of termination to either arrange alternative payment methods or to cancel your insurance coverage.

Q. *What happens if I retire?*

- A. When you retire you will still be eligible for this benefit. Retirees must contact PetCare to provide alternative payment information. Retirees must convert to a direct payment plan unless you are receiving a pension check and qualify for deductions.

Q. *Is this a binding election?*

- A. Cancellation may be provided at any time with advanced written notice. The cancellation notice must be sent to PetCare Insurance. The effective date of the cancellation will be the last day of the month for which premium was paid.

Q. *Who should I call with questions, problems?*

- A. Please contact PetCare's customer service team at their dedicated toll-free number at 1-866-275 PETS (7387).

Q. *After signing up my pet, can I still see my regular veterinarian?*

- A. Yes. You can use the licensed veterinarian of your choice.

Q. *How much are the deductibles?*

- A. You pay a \$50/\$100 deductible (unless otherwise noted) per event regardless of the number of trips you need to make to the veterinarian. This deductible remains constant for as long as your pet insurance policy is in force.

Q. *What are my payment options?*

A. Employees have the following payment options.

- State of Delaware employees can pay their premium through bi-weekly automatic payroll deductions. State of Delaware pensioners can pay their premium monthly through automatic payroll deduction from their monthly pension check.
- For monthly premiums, we accept Visa, MasterCard, Discover Card or Automatic Deductions from a Checking Account.
- For annual premiums, we also accept Visa, MasterCard, and Discover Card, as well as a check or money order. For all Discover Card payments, please contact our call center. At this time we do not process Discover Card over the web.

Q. *How do I make a claim?*

A. Mail or fax in a completed one page claim form completed by yourself & your attending veterinarian along with the detailed receipts. Fill out a claim form.

Q. *What is the \$2 Pay Plan Fee?*

A. Those that pay their premiums on a monthly basis through a direct payment option will be charged a small monthly fee that is included with your premium deductions. Should you elect to pay annually or through automatic payroll deduction there are no additional fees.

Q. *In what states are programs available?*

**A. Our Pet Insurance Programs are available in these 49 states and Washington D.C.:
Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District Of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming. Other state approvals are pending.**

Q. *Who underwrites the programs?*

A. Praetorian Insurance Company, which received the AM Best rating of A-, underwrites the program.

Q. *What are your call center hours?*

A. Monday to Friday, 8:00am to 9:00pm EST; Saturday 9:00am to 6:00pm EST. Administrative hours are Monday to Friday, 8:00am to 9:00pm EST.

Q. *How long will it take for my claim to be paid?*

A. Our mandate is to process your claim within five to seven business days after receiving your completed claims form with original receipts attached.

ARAG® (Group Legal Services) - Frequently Asked Questions

Q. Who is eligible to enroll?

A. State of Delaware Employee: You are eligible if you are:

- a) A permanent full-time employee (regularly scheduled 30 or more hours per week or 130 or more hours per month)
- b) An elected or appointed official (as defined by St of DE).
- c) A permanent part-time employee (regularly scheduled to work less than 130 hours per month)
- d) A limited term employee (as defined by St of DE)

Pensioner/Retiree: You are eligible if you are a pensioner receiving a pension check from the State.

Q. How to enroll?

- A.** New Hires/Newly Eligibles - 30-day eligibility period from date of hire or newly eligible. Employees can enroll online at <http://members.ARAGgroup.com/Delaware> by selecting the tab, "About Enrolling" and then clicking on the ARAG Online Enrollment Form or contacting ARAG at 800-247-4184. Customer Care Specialists are available Monday-Friday, 8:00 a.m. to 8:00 p.m. Eastern time. Enrollment is effective on the first day of the month after the application is processed. After the initial enrollment period, if the employee wants to enroll in the group legal plan they will have to wait until the next annual benefits open enrollment period.

Q. What are my premium payment options?

- A.** State of Delaware employees can pay their premium through bi-weekly automatic payroll deductions. State of Delaware pensioners can pay their premium monthly through automatic payroll deduction from their monthly pension check.

Q. What happens if my employment is terminated?

- A.** If your employment is terminated with the State of Delaware and you are a current ARAG legal insurance plan member, your coverage will end effective on your employment termination date. If your plan is discontinued due to termination of employment and you are in the middle of a legal situation, the plan will continue to pay for any covered legal matter that was started while you were covered by the plan.

Upon termination, you are eligible to enroll in the ARAG conversion legal insurance plan at \$19.92 per month. Please contact ARAG at 800-247-4184 to enroll.

Q. What happens if I retire?

- A.** If you are enrolled in the ARAG legal insurance plan and retire, you may continue in your current legal insurance plan with no lapse in coverage if you are a State of Delaware pensioner receiving a pension check from the State. To avoid any lapse in coverage, please contact ARAG at 800-247-4184 to change your status from active employee to pensioner.

Q. *What happens if I experience a Qualifying Event i.e. marriage, birth or adoption of a child?*

A. Call ARAG at 800-247-4184 about making changes and enrolling.

Q. *What happens to my coverage if on Military Leave?*

A. In the event you go on military leave you'll need to contact ARAG directly at 800-247-4184 to inform them of your military leave. ARAG will ask for the duration and push your enrollment out to that date without premium collection. Premium will be waived for the period of time of which you are on military leave.

Upon returning to work, you are required to contact ARAG at 800-247-4184 to reinstate monthly premium. (Since premium is waived, you are not required to pay for the missed premiums, but you are required to notify ARAG that you have returned to work so ARAG can add you back to the group plan). Otherwise you'll have to wait until the next open enrollment period to re-enroll.

Q. *What happens to my coverage if on Leave of Absence without pay?*

A. In the event where it's an unpaid LOA for any reason (other than military leave), you are required to make arrangements directly with ARAG and remit payment via check for a one-time payment for the rest of the plan year. In order to resume payroll deductions for the next plan year you'll be required to contact ARAG to re-enroll in the group plan during the next annual open enrollment period.

If your coverage is not continued while on unpaid leave; you'll have to contact ARAG directly at 800-247-4184 to have your coverage reinstated by paying for missed premiums. Otherwise you'll have to wait until the next open enrollment period to re-enroll.

Q. *Is this a binding election?*

A. Yes, once you sign up, you may not drop coverage during the plan year.

Q. *Who should I call with questions, problems?*

A. Please contact ARAG Customer Care Specialists Monday-Friday, 8:00 a.m. to 8:00 p.m. Eastern time by calling 800-247-4184.

Q. *What kind of attorneys get involved in the plan?*

A. Network Attorneys have an average of more than 25 years of experience practicing law and are members of small firms or sole practitioners. The legal plans we administer are one way for Network Attorneys to expand their business.

Q. *How do I get a listing of Network Attorneys in my area?*

A. You may obtain names of Network Attorneys 24-hours a day by using the Attorney Finder on the web site at <http://members.ARAGgroup.com/Delaware> or by contacting us at 800-247-4184 or at Service@ARAGgroup.com. You will have the option to have names mailed, faxed or read to you over the phone. You may also speak directly to a Customer Care Specialist during the hours of 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday.

Q. *How do I get legal help over the phone?*

- A. To receive services over the phone, simply call 800-247-4184 Monday through Friday 8:00 a.m. to 5:00 p.m. Eastern time. You will be connected to an attorney in your state. When the call is connected, you will be asked to provide your 12-digit Member ID (located on your identification card that you will receive upon enrollment in the plan), the name of your employer, and a brief description of your question. You will not be billed for any services and may call as many times as necessary.

Q. *How do I use legal representation?*

- A. Prior to contacting an attorney, visit the web site to review your Certificate of Insurance (Plan Document) or contact ARAG at 800-247-4184 or Service@ARAGgroup.com to determine if your legal matter is a covered benefit. If so, you may elect to contact either a Network or any other attorney not in the network for the legal services. When contacting a Network Attorney to schedule an appointment, provide the attorney with your 12-digit Member ID (located on your identification card that you will receive upon enrollment in the plan), the name of your employer, and a brief description of what you would like to speak with the attorney about. If you use a Network Attorney, the attorney will submit the information and seek payment from ARAG for their hourly fees. You are responsible for all out-of-pocket expenses such as postage, fax or long distance charges, filing fees, title work, etc. and possibly any additional hours that aren't covered by the plan. The Network Attorney will provide you with an itemized list of the out-of-pocket expenses for which you are responsible.

Q. *How is the attorney paid if I use a non-Network Attorney?*

- A. When using a non-Network Attorney, the attorney will bill you directly. Reimbursement for covered legal services will then be made to you according to the schedule, which is listed in your Certificate of Insurance (Plan Document). To receive reimbursement for attorney fees when using a non-Network Attorney, you need to obtain an itemized billing statement from your attorney, attach it to a completed claim form, and send it to us at: ARAG, PO Box 93180, Des Moines, IA, 50393-3180.

Q. *What if a Network Attorney is not located near my home?*

- A. As part of the Network Guarantee, if there are no Network Attorneys located within 30 miles of your home, we guarantee you the opportunity to receive in-network benefits. Simply contact us at 800-247-4184 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday or at Service@ARAGgroup.com and we will arrange for you to receive covered legal services through an attorney in your area.

Q. *Do I have to use the same attorney every time?*

- A. No. For each covered legal matter you have the opportunity to use any attorney you wish. However, if you do use the same one, your attorney will need to confirm your benefits with us for each matter.

Q. *How do I get additional claim forms?*

- A. Members may download a form from our web site by logging in at <http://members.ARAGgroup.com/Delaware>. Claim forms may also be ordered from us 24-hours a day by calling 800-247-4184 and selecting the option to receive materials. You may also order materials by speaking directly with a Customer Care Specialist during the hours of 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday.

Q. *What if I leave the plan in the middle of a legal situation?*

- A. If you discontinue the plan and are in the middle of a legal situation, the plan will continue to pay for any covered legal matter that was started while you were covered by the plan.

Q. *Can a member of my family use the plan against me?*

- A. No. Any matter, which is against the interest of the primary member, is specifically excluded from the plan.

Q. *Can I use the plan against my employer?*

- A. No. The plan excludes any matter involving your employer, its subsidiaries or insurance carriers.